FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Prefix Serial DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Private bloom not of Lington hasharship Took and of the private bases of the private bases of the private bases.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOB RECEIVED Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA JAN 1 ! ZUU/ >
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Longhoph Onshope Investors, L.P.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
(ii different from Executive Offices)
Brief Description of Business PROCESSED
Type of Business Organization corporation limited partnership, already formed other (please specify): JAN 2 6 2007 business trust limited partnership, to be formed Month Year Month Year FINANCIAL Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Longhorn Coxital Astrons L.A. German Historia
Business of Residence Address (Number and Street, City, State, Zip Code)
100 Chescent Ct Suite 900, Pullas TX 75201
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
100 Carscent Ct Swite 700 Pallas Tx 75201
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
KRISTURIN, KRISTONICA M. MOLAGRAF CRORAL Baker of Crareal Habers of Residence Address (Number and Street, Cit), State, Zip Code)
100 Chexent Ct Suite Too Pallas Tx 75201
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Eckiaso Phillip M. Agetree of General Return
Business or Residence Address (Number and Street, City, State, Zip Code)
100 CRESCROT Ct Suite 700 Jallas Tx 75201
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Hours Sanara & Chief Financial Office & Chief Compliance Offices of GP of GP Business or Residence Address (Number and Street, City, State, Zip Code)
100 Carscent Ct Suite 700 Julies Tx 75201
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

					B. I!	NFORMATI	ON ABOU	T OFFERI	NG	<u> </u>	 		
	** .1	, ,	,			11 4			Ab: 66	2		Yes	No ₩
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.									×			
2.										\$ <u>50</u>) 200		
•										Yes	No		
3. 4.										u			
	commis. If a pers or states a broker	sion or sim on to be lis s, list the na or dealer,	ilar remune ted is an ass une of the b you may s	ration for s sociated pe roker or de et forth the	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in the EC and/or	he offering with a state	2	
~	•	7	first, if indi										
Bus	iness or	Residence	Address (N	lumber and	d Street, Ci	ity, State, Z	ip Code)						
70	170	Enst	coker or De	2000				08, F1	. لصدر	perpo	e, FL.	<u> 3330</u>	\$
Stat	1 - T.	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	l States)				•••••	••••••••••••••••••••••••••••••••••••••		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full	l Name (l	Last name	first, if indi	iviđual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						•
Nar	ne of Ass	sociated Bi	oker or De	aler									
Stat			Listed Has						- "				
	(Check	"All States	s" or check	individual	l States)					********		☐ Al	1 States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if ind	ividual)		. 15							
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)	·					
Nar	ne of Ass	sociated Bi	oker or De	aler									
Stat	tes in Wh	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individua	l States)					*****************	***************************************	☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an already exchanged.	k			
	Type of Security		Aggregate Tering Price	Ап	nount Already Sold
	Debt	. S	Ø	\$	Ø
	Equity	. s	(Ø	\$	(7)
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. \$	Ø	\$	Ø
	Partnership Interests			s 2	1735.000
	Other (Specify)			\$	Ø
	Total			s a	7.735 tab
	Answer also in Appendix, Column 3, if filing under ULOE.	-	-, 12 1, -	`	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ir		-	Aggregate
			Number Investors	_	ollar Amount of Purchases
	Accredited Investors		70		77.735.000
	Non-accredited Investors			¢.	<u>~, ~,~,</u> ~~
	Total (for filings under Rule 504 only)			\$_ \$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.	·	47.	Ψ_	1477
3.		e			
	Tues of Official		Type of	D	ollar Amount Sold
	Type of Offering Rule 505		Security	\$ 1	. /
				\$_ <u>'</u>	-
	Regulation A			ъ_ ъ_	N/A
	Rule 504				0.00
	Total		D, 0 D	2_	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insure. The information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	r.			
	Transfer Agent's Fees	•••••		\$_	_Ø
	Printing and Engraving Costs			\$	_Ø
	Legal Fees			\$_	Ø
	Accounting Fees			\$	_ø
	Engineering Fees			s _	Ø
	Sales Commissions (specify finders' fees separately)			\$	Ø
	Other Expenses (identify)			\$	_Ø
	Total			\$_	0.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$ _	. 🗆 \$
	Purchase of real estate	\$	
	Purchase, rental or leasing and installation of machinery and equipment]\$. 🗆 \$
	Construction or leasing of plant buildings and facilities	\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬\$	□\$
	Repayment of indebtedness	_	_
	Working capital		
	Other (specify): Thurstments	_	-
			. [\$
	Column Totals	<u></u>	№ 277/192 boo
	Total Payments Listed (column totals added)	□ \$ 7	7,735,000
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commissinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	
		Date	15 2007
Na	me of Signer (Print or Type) Title of Signer (Print or Type) Title of Signer (Print or Type) Toughard	neadenal i	15, 2007 Mand, LLC, Rhicas, L.P.,
<u>K</u>	Ristophen V. Kristynik Gereal Matura		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
sently subject to any of the disqualification	Yes	No

1. Is any party described in 17 CFR 230.262 pres provisions of such rule?

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See Appendix, Column 5, for state response.

STATE SIGNATURE

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	, /	
Issuer (Print or Type)	Signature	Date
Longhorn Costore Investors, L.P.	K-K-h-	January 15, 2007
Name (Print or Type)	Title (Print or Type)	a of Longhoso many LLC general
	portoser of mondposer	tobyton washess, r.h.
KRISTOPHER N. KRISTYPIK	general bather	
1	· /-	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 5 2 3 4 1 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell explanation of offering price Type of investor and to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited No **Investors** Investors Yes State Yes No **Amount** Amount AL AK ΑZ AR CA CO CT DE DC Linited Hodwoodig FL 35,000 NO Ø Ø 24/00/25 - 123 5000 ĢΑ НІ ID IL IN ΙA KS KY LA ME MD Limited Horsewood MA 7/0 Ø Ø INTEREST - MLOSOO 000,000 MI MN MS

APPENDIX 2 4 5 3 Disqualification Type of security under State ULOE (if yes, attach and aggregate Intend to sell explanation of Type of investor and to non-accredited offering price amount purchased in State waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No Investors Amount State Yes No Amount MO MT NE NV NH NJ NM Linited Reducedly P NY INFORSTEN BOOK Ø M VA 300 000 NC ND OH OK OR Linited Bedwastip X PA ø Ø 430,000 Tutenest-\$450,000 RI SC SD TN Linited Habocachi D Ø TXØ NO 1350,000 Try ore + 8135000 N^{ω} UT VT VAWA wv WI

				APP	ENDIX				j	
1	4	2	3		4					
	Intend to sell and aggree to non-accredited investors in State (Part B-Item 1) Type of se and aggree offering p offering p			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										